

Form 3

Commonwealth of Massachusetts
Sexual Assault Evidence Collection Kit

PATIENT'S REPORT OF INCIDENT

Note: This form is to be completed by one examiner.

- This report is **not an exhaustive account** of every detail of the sexual assault. Rather, it is a **brief description**
- Please recount the **patient's own words, in quotes**, whenever possible. If you are **not** using the patient's own words, be careful **not** to use quotes.
- When speaking with the patient, **ensure that he/she understands your questions and your vocabulary**; not all patients will be familiar with terms such as "penetration" or "ejaculation". *Record the patient's own terminology.*
- **Do not include personal opinion or conjecture**
- **Include only information that directly relates to this sexual assault**, such as a brief description of physical surroundings, threats, force, weapons, trauma, sexual acts demanded and performed, penetration or attempted penetration, ejaculation.

AFFIX BARCODE LABEL HERE ON BOTH WHITE
AND YELLOW COPIES

Printed name of Medical Provider or SANE

Signature of Medical Provider or SANE

____/____/____
Date